

Commonwealth of Kentucky  
Department of Insurance  
215 West Main Street - P.O. Box  
517  
Frankfort, KY 40602



**KENTUCKY LIFE AND HEALTH INSURANCE GUARANTY  
ASSOCIATION ACCEPTANCE OF THE PLAN OF OPERATION**

The undersigned member insurer hereby accepts the Plan by causing its corporate name to be hereunto subscribed by its president or an authorized officer. Each member so accepting does hereby declare its authorization of the Commissioner of the Department of Insurance to levy such assessments, and of the Board to take such other actions as are authorized herein and by the Act.

\_\_\_\_\_  
Date Accepted

\_\_\_\_\_  
Name of Member Insurer

\_\_\_\_\_  
Address

\_\_\_\_\_  
By

\_\_\_\_\_  
Title